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10/009,294	06/06/2002 RULE	602	3772	VAC.704

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/GB00/01566 04/20/2000 *km*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9909301.5 04/22/1999

*km*

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 4	TOTAL CLAIMS 10 20	INDEPEN CLAIM 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

30159

## TITLE

Wound treatment apparatus employing reduced pressure

FILING FEE RECEIVED 2020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other
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